


PLEASE Read Instruction Page (attached):

1. YOUR NAME Navi Dhillon		2. EMAIL navidhillon@paulhastings.com		3. PHONE NUMBER 415-203-8805		4. DATE July 19, 2023					
5. MAILING ADDRESS 101 California Street, 48th Floor				6. CITY San Francisco		7. STATE CA		8. ZIP CODE 94111			
9. CASE NUMBER 2:21-cv-00073-JDP		10. JUDGE Jeremy D. Peterson		DATES OF PROCEEDINGS							
				11. FROM July 19, 2023		12. TO					
13. CASE NAME California Sportfishing v. Pacific Bell Telephone Company				LOCATION OF PROCEEDINGS							
				14. CITY Sacramento		15. STATE California					
16. ORDER FOR											
<input type="checkbox"/> APPEAL No.			<input type="checkbox"/> CRIMINAL			<input type="checkbox"/> CRIMINAL JUSTICE ACT			<input type="checkbox"/> BANKRUPTCY		
<input type="checkbox"/> NON-APPEAL			<input checked="" type="checkbox"/> CIVIL			<input type="checkbox"/> IN FORMA PAUPERIS			<input type="checkbox"/> OTHER (Specify)		
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) <i>You must provide the name of the Reporter.</i>											
TRIAL		DATE(S)		REPORTER		HEARINGS		DATE(S)		REPORTER	
<input type="checkbox"/> ENTIRE TRIAL						<input checked="" type="checkbox"/> OTHER (Specify Below)					
<input type="checkbox"/> JURY SELECTION						Status Conference Hearing		July 19, 2023		Mira Woodworth ECRO	
<input type="checkbox"/> OPENING STATEMENTS											
<input type="checkbox"/> CLOSING ARGUMENTS											
<input type="checkbox"/> JURY INSTRUCTIONS											
18. ORDER (Grey Area for Court Reporter Use)											
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE				COSTS			
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>									
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL							
19. SIGNATURE 				PROCESSED BY							
20. DATE July 19, 2023				PHONE NUMBER							
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS							
ORDER RECEIVED		DATE		BY							
DEPOSIT PAID						DEPOSIT PAID					
TRANSCRIPT ORDERED						TOTAL CHARGES					
TRANSCRIPT RECEIVED						LESS DEPOSIT					
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT						TOTAL REFUNDED					
PARTY RECEIVED TRANSCRIPT						TOTAL DUE					